

APPLICATION FOR CONTINUING EDUCATION PROVIDER COORDINATOR NORTH DAKOTA INSURANCE DEPARTMENT

		DONANCE	
SFN 10921	(Rev. 03-2005)		

Print Full Name			Social Security Number		Telephone Number		
Mailing Address		City			State	Zip Code	
Minimum of five years as an aAt least three years full time ex	e following requirements within the immotive licensed insurance agent; or experience in the administration of an educate two years insurance experience. RELATED EDUC	lucation progran	n; or				
		SATTENDED			DEGREE (INCLUDE MAJOR)		
	RELATED EMPLO	OYMENT BA	CKGR	OUND			
NAME OF EMPLOYER		ADDRESS		DATES EMPLOYED		POSITION	
	IDENTI	FY PROVIDE	R				
Provider Name Provide			Provider	ovider Number			
Address	City		State	Zip Code	Telepho	Telephone Number	
I certify that the information contain information.	ed in this application is correct and that	I will notify the	Commiss	sioner within ten days of a	iny chango	es in the	
Applicant Signature					Date		
	INSURANCE DE	PARTMENT	USF C	NI Y			
Approval Decision Comm		TAKTIMENT	032 0	,			
Approved Denied							
Signature of State	e Insurance Department Representative)			Date		

COORDINATOR REQUIREMENTS AND RESPONSIBILITIES

Each continuing education provider and course of study shall have an approved coordinator, who is the liaison for students, instructors, and the Commissioner.

The coordinator shall be responsible for, but not limited to the following:

- 1. Assuring compliance with all laws and rules pertaining to insurance education;
- Notifying the Commissioner of any material change in course content;
- Assuring that students are provided with current, accurate information, and classroom facilities conducive to a sound learning environment;
- Evaluation of courses and instructors. The Commissioner may request written evaluations of courses and/or instructors either by students or coordinators;
- 5. Investigate complaints relating to course offerings and/or instructors, and forward all written complaints to the Insurance Department;
- Maintain accurate records relating to course offerings, instructors, and student attendance for a period of five years from the date the course was completed (under no circumstances will the Commissioner act as custodian of the records);
- 7. Provide students with course completion certificates, on a form prescribed by the Commissioner, within 30 days of course completion;
- 8. Being available to instructors and students by providing the name of the coordinator and a telephone number at which he/she can be reached;
- 9. Notifying the Commissioner, fifteen days in advance, of any changes in course offering date and subsequent offering dates of an approved course;
- 10. Assuring the instructors have met the qualifications and carried out their responsibilities as listed below.
 - A. An instructor shall have one of the following qualifications:
 - Three years of recent experience in the subject area being taught; or
 - A degree related to the subject area being taught; or
 - Two years of recent experience in the subject area being taught and 60 hours of course work in the subject area being taught.
 - B. Each approved Insurance Education course must have an approved instructor, speaker or seminar leader. Instructors shall be responsible for, but not limited to the following:
 - Compliance with all laws and rules pertaining to insurance education;
 - Providing students with current and accurate information;
 - Providing a classroom atmosphere conducive to learning:
 - Assisting students and responding to questions relating to course material.
 - C. Instructors are prohibited from misrepresenting any material submitted to the Commissioner.
 - D. An instructor of an approved continuing education course is entitled to the same credit as an agent completing the course; but may receive such credit only once during a reporting period, regardless of the number of times the course is taught.

Application for coordinator approval shall be submitted on forms prescribed by the Commissioner.

Providers of Insurance education courses are responsible for the actions of the coordinators and instructors.

Send the completed form to: North Dakota Insurance Department

Continuing Education

600 E. Boulevard Avenue-Department 401

Bismarck, ND 58505-0320 (701) 328-3548 Ext. 1